Effective October 1, 2003 10/113 530											
CLAIMS AS FILED - PART I (Column 1) (Column 2)						SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS	2	29				ATÉ	FEE		RATE	FEE ·	
FOR	NUMBER	MBER FILED		NUMBER EXTRA		SIC FEE	385.00	OR	Basic Fee	.770.00	
TOTAL CHARGEABLE CLAIM	ARGEABLE CLAIMS 20 minus 20:		. 9		7	CS 9=	8/	OR	X\$18=		
INDEPENDENT CLAIMS	l n	rinus 3 o			7	(43•	1	OR	X86=		
MULTIPLE DEPENDENT CLAIM PRESENT						145=	145	OR	-290=]	
• If the difference in column 1 is less than zero, enter "0" in column 2					T	OTAL		OR	TOTAL		
9/12/06 CLAIMS AS AMENDED - PART II (Cotumn 3)						MALL	ENTITY	OR	OTHER SMALL		
Total . 29 Independent . /	IG	HIGH NUM PREVIO PAID	BER	PRESENT EXTRA	F	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
Total . 29	Minus	- 29		•	×	S 9=		OR	XS18=		
Independent • /	Minus	- 3			7	(43 =		OR	X86=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						145=		OR	+290=		
						TOTAL		OR	ADDIT FEE		
ADDIT, FEE											
© 9/38/17 GEAMAINS	IG	HIGH NUM PREVIO	ESY BEA SUSLY	PRESENT EXTRA	F	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
Total · 4	Minus	-6	29	• /	×	\$ 9-		OR	X\$18•		
Total • Linependent • /	Minus			•	7	43=		ОЯ	X86=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLASM .						145=		OR	+290=		
						YOYAL II. FEE		OR	ADDIT. FEE		
(Column 1) (Column 2) (Column 3)											
CLABAS REMARKS AFTER AMENDAGE	1	HOSH MUM PREVIO	BER JUSLY	PRESENT EXTRA	. R	ATE .	ADDI- TIONAL FEE	•	RATE	ADOI- TIONAL FEE	
	Ninus '	- 0	29	• • / .	×	\$ 9a		OR	X\$18=	٠,٠	
Total • · · · · · · · · · · · · · · · · · ·	Minus	••• (3	• . /	×	43-		OR	X88=		
PIRST PRESENTATION OF THE STATE									+290=		
+145=								OR	TOTAL	 	
* If the entry is column 1 is less than the entry in column 2, write "O' in column 3. * If the "Righest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." * Applit. FEE ** If the "Righest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."								OR	ADOIT, FEE		
The "Highest Number Previously Petal For" (Total or independent) is the highest number found in the appropriate box in column 1.											

Application or Docket Number